


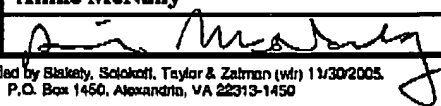
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SEP 28 2006

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application No.	10/608,316	
	Filing Date	June 26, 2003	
	First Named Inventor	Hong Wang	
	Art Unit	2181	
	Examiner Name	William M. Treat	
Total Number of Pages in This Submission	18	Attorney Docket Number	42P16547

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/5B/08	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jonathan S. Miller, Reg. No. 48,534 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	9/29/06

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Annie McNally		
Signature		Date	09/28/2006

Based on PTO/5B/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 11/30/2005.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

SEP 28 2006

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete if Known**

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Art Unit	2181
Attorney Docket No.	42P16547

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
30	30	0	50.00
5	5	0	200.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code Fee (\$)	Fee Code Fee (\$)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 350	2203 180	Multiple Dependent claims, if not paid
1204 750	2204 385	**Release independent claims over original patent
1205 300	2205 150	**Release claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$) 0.00

*or number previously paid, if greater. For Releases, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code Fee (\$)	Fee Code Fee (\$)	
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
2053 130	2053 130	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,580	2254 795	Extension for reply within fourth month
1255 2,160	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 500	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1460 130	2460 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(c)
1806 180	1806 180	Submission of information Disclosure Stmt
1808 750	1808 395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 750	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

Fee Paid

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type) Jonathan S. Miller

Registration No.
(Attorney/Agent)

48,534

Telephone

(310) 207-3800

Signature

Date

9/28/06

Based on PTO/59/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (with 12/15/2004).

SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460

SEP 28 2006

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

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☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
30	0	50.00	\$0.00
Independent Claims	0	200.00	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple Dependent claims, if not paid
1204 790	2204 395	**Release independent claims over original patent
1205 300	2205 150	**Release claims in excess of 20 and over original patent

SUBTOTAL (1) (\$)

**or number previously paid, if greater, For Reissues, see below

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1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) _____

SUBTOTAL (2)

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Jonathan S. Miller	Registration No. (Attorney/Agent)	48,534	Telephone	(310) 207-3800
Signature	<i>Jonathan S. Miller</i>	Date	9/28/06		

Based on PTO/SB-17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (M) 12/16/2004
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